SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Estimated average burden hours per response: 1.00

SEC USE ONLY

Prefix Serial

DATE RECEIVED

OMB APPROVAL

May 31, 2005

OMB Number:

Expires

3235-0076

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(33) 1911 93119 93169 9330) 93300 33308 33309 33408 33

	1016222	
Name of Offering (☐ check if this is an amend KRATON MANAGEMENT LLC	lment and name has changed, and indicate	change.)
Filing Under (Check box(es) that apply):	Rule 504 ☐ Rule 505 ☒ Rule 5	06 ☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☒ Amend	ment	PROCESSI
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the i	ssuer	MAR 04 2004
Name of Issuer (check if this is an amend	dment and name has changed, and indicate	e change.)
KRATON MANAGEMENT LLC		THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State Zip Code)	Telephone Number (including Area Code)
c/o Texas Pacific Group, 301 Commerce S	St., Suite 3300, Fort Worth TX 76102	(202) 530-1402
Address of Principal Business Operations Code) (if different from Executive Offices)	(Number and Street, City, State and Zip	Telephone Number (Including Area Code)
Brief Description of Business Indirectly engaged in polymer business		MAR 0 2 2004
Type of Business Organization ☐ corporation ☐ business trust ☐	☐ limited partnership, already formed☐ limited partnership, to be formed☐	☑ other (please specify): limited liability company
Actual or Estimated Date of Incorporation or C		⊠ Actual □ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbre State: CN for Canada; FN for other foreig	r **

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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Δ	RA	SIC	IDEN	TIFIC	ATION	DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

issuers; and	riners of partnership
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒	General and/or Managing Partner
Full Name (Last name first, if individual)	
TJ Chemical Holdings LLC ("TJ Chemical")	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ (of TJ Chemical) (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual) Price, William S.	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual) Boyce, Richard	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual) Davis, Kelvin	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐	General and/or
(of TJ Chemical) (of TJ Chemical)	Managing Partner
Full Name (Last name first, if individual) MacDougall, Michael	
Business or Residence Address (Number and Street, City, State, Zip Code)	. —
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
	General and/or Managing Partner
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☒ Director □ (of TJ Chemical) Full Name (Last name first, if individual) Walsh, Timothy Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ (of TJ Chemical) Full Name (Last name first, if individual) Walsh, Timothy	Managing Partner General and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical) Full Name (Last name first, if individual) Walsh, Timothy Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Partners, LLC, 1221 Avenue of the Americas, New York, New York 10020 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical) Full Name (Last name first, if individual)	Managing Partner
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical) Full Name (Last name first, if individual) Walsh, Timothy Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Partners, LLC, 1221 Avenue of the Americas, New York, New York 10020 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical)	Managing Partner General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

issuers; and	inthers of partnership
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual)	
Aube, Richard A.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o J.P. Morgan Partners, LLC, 1221 Avenue of the Americas, New York, New York 10020	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual)	
Oppenheimer, Stephan	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o J.P. Morgan Partners, LLC, 1221 Avenue of the Americas, New York, New York 10020	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual)	
O'Brien, James O.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual)	
Ekleberry, Richard A.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ (of TJ Chemical)	General and/or Managing Partner
Full Name (Last name first, if individual) Viola, John E.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Texas Pacific Group, 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	ION ABO	UT OFF	ERING				
1. Has	the issuer s	old, or doe						rs in this o under ULC			Yes ⊠	No
2. Wha	it is the mini	mum inves	stment that	will be ac	cepted fror	m any indi	/idual?				\$	0
3. Does	s the offering	g permit jo	int ownersh	nip of a sir	ngle unit?	••••					Yes	No ⊠
any in th with pers for th	or the inform commission e offering. the SEC a ons to be li- nat broker o	or similar If a person If a pe	remunerat n to be list a state or ssociated p ly.	ion for sol ed is an a states, li	icitation of associated st the nam	purchase person or ne of the b	rs in conne agent of a proker or o	ection with a broker or dealer. If	sales of some sales of some sales of sa	ecurities gistered five (5)		
Full Nar	ne (Last nar	ne first, if i	naiviauai)									
Busines	s or Reside	nce Addre	ss (Numbe	r and Stre	et, City, St	ate, Zip Co	ode)					
Name o	f Associated	Broker or	Dealer									
	n Which Pei « "All States"										🗆 A	All States
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[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last nar	me first, if i	ndividual)	 	· • · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
Busines	s or Reside	nce Addre	ss (Numbe	r and Stre	et, City, St	ate, Zip Co	ode)			 .		
Name o	f Associated	Broker or	Dealer	 .								
	n Which Per											Il States
` [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	ĮUΤ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last nar	ne first, if i	ndividual)									
Busines	s or Reside	nce Addre	ss (Numbe	r and Stre	et, City, St	ate, Zip Co	ode)					
Name o	f Associated	Broker or	Dealer					· · · · · · · · · · · · · · · · · · ·				
	n Which Per											All States
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[AL]	[AK] [IN]	[AZ]	[AR] [KS]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA] [MN]	[HI]	[ID] [MO]
[IL] [MT]	[NE]	[IA] [NV]	[NH]	[NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[OK]	[MS] [OR]	[PA]
[ואון]	[SC]	[SU]	ן ארון דארון	[IVJ]	ני ודן ני ודן	[NT] [N/T]	[NC] [\/_]	[IAN] [VVV]	[OU]	[OK]	[OK]	[PA]

[SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	ANI	USE OF PROC	EE	os
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 				
Type of Security		Aggregate Offering Price		Amount Already Sold
Debt	\$	Onening Fince	\$	
Equity	_			
□ Common □ Preferred	Ψ-		Ψ	
Convertible Securities (including warrants)	\$		\$	
Partnership Interests			\$	
Other (Specify <u>LLC Interests</u>)	_			11,022,651
Total	_			11,022,651
Answer also in Appendix, Column 3, if filing under ULOE.	Ψ.	12,020,491.71	Ψ	11,022,031
 Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." 		Number		Aggregate Dollar Amount of Purchases
Accredited Investors		Investors	æ	
	-	8		8,314,550
Non-accredited Investors	-	28		2,708,101
Total (for filings under Rule 504 only)	-	n/a	\$	n/a
 If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. 		Type of Security		Dollar Amount
Type of offering		Type of Security		Sold
Rule 505	-	n/a	\$	n/a
Regulation A	_	n/a	\$	n/a
Rule 504	_	n/a	\$	n/a
Total	_	n/a	\$	n/a
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees			\$	
Printing and Engraving Costs			\$	
Legal Fees			\$	
Accounting Fees			\$	
Engineering Fees			\$	
Sales Commissions (specify finders' fees separately)			\$	
Other Expenses (identify)			\$	

	C. OFFERING PRICE. N	UMBER OF INVESTORS, EXP	ENS	ES A	AND USE OF PE	ROCE	EDS	 S
	b. Enter the difference between the art to Part C - Question 1 and total experience Question 4.a. This difference is the "address of the control of the cont	ggregate offering price given in resenses furnished in response to Pa	pons art C	e -		\$		2,620,491.71
5.	Indicate below the amount of the adjust proposed to be used for each of the purpose is not known, furnish an estimate. The total of the payments proceeds to the issuer set forth in response.	purposes shown. If the amount for nate and check the box to the left is listed must equal the adjusted	or an of the gros	y e		_		
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_			\$_	
	Purchase of real estate			\$_			\$	
	Purchase, rental or leasing and installat	ion of machinery and equipment		\$_			\$	
	Construction or leasing of plant building	s and facilities		\$			\$	
	Acquisition of other businesses (inclinvolved in this offering that may be use securities of another issuer pursuant to	ed in exchange for the assets or	X	\$_			\$	12,620,491.71
	Repayment of indebtedness			\$			\$	
	Working capital						\$	
	Other (specify):			-			•	
				\$			\$	
	Column Totals			\$_			\$	12,620,491.71
	Total Payments Listed (column totals ad	dded)			□ \$ <u>1</u>	2,620	,491	.71
		D. FEDERAL SIGNATUI	RE					
5 u	ne issuer has duly caused this notice to 05, the following signature constitutes are bon written request of its staff, the infolo(2) of Rule 502.	undertaking by the issuer to furnis	sh to	the l	J.S. Securities and	d Exch	ang	e Commission,
Issi	er (Print or Type)	Signature			Date			
					3/1/0	24		
	ton Management LLC	Title of Signer (Print or Type)			1 01110	<u>, 1</u>		
ival	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
Ric	nard A. Ekleberry	Vice President						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).